

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000050043

Note: This form may not be used to file claims other than those
based on Lehman Programs Securities as listed on
<http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Eitan EPHRATI
66 Parliament Hill
NW3 2TJ HAMPSSTEAD LONDON
U.K

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: 0044787942947 Email Address: tantush@gmail.com

Name and address where payment should be sent (if different from above)

Bank leumi Switzerland
80 rue de Rhodé
1204 Genève

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: 0223185555 Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 500,000 - (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0557393197 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6053906 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: Euroclear account (Required) 91384 Bank leumi (Switzerland)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

6/10/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

G. Levi

FOR COURT USE
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EPIQ BANKRUPTCY SOLUTIONS, LLC

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Numero Di BORDEREAU D'EXPEDITION / TRACKING
WAYBILL / TRACKING NUMBER

BORDEREAU D'EXPEDITION
(Non-Negotiable) (Non-Negotiable)

TYPE OF SERVICE / SERVICE LEVEL		PRICES
Express Plus	<input type="checkbox"/>	1+
Express	<input checked="" type="checkbox"/>	1
Saver	<input type="checkbox"/>	1P
Expedited	<input type="checkbox"/>	2
Standard	<input type="checkbox"/>	

SERVICES IN OPTION / OPTIONAL SERVICES	
<input type="checkbox"/> UPS NAT	
<input type="checkbox"/> LIVRAISON LE SAMEDI / SATURDAY DELIVERY	

RECEIVED INFORMATION / ENVOI / SHIPMENT INFORMATION	
Number Of Cans / Paquets En Sentes	Weight In Kilos / Poids En Kilogrammes
Net Weight / Poids Net	Gross Weight / Poids Brut

REFERENCE NO. 1 / REFERENCE NO. 1	
REFERENCE NO. 1	

REFERENCE NO. 2 / REFERENCE NO. 2	
REFERENCE NO. 2	

CODE OTHER SPECIAL / SPECIAL OTHER CODE	
CODE OTHER SPECIAL	

DESCRIPTION DES MARCHANDISES / DESCRIPTION OF GOODS	
DESCRIPTION DES MARCHANDISES	

DOCUMENT SIGNATURE / DOCUMENT SIGNED	
DOCUMENT SIGNATURE	

COPIES TO BE MAINTAINED BY SENDER / COPIES TO BE MAINTAINED BY SENDER	
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